

Player Agreement — League Volleyball

I understand:

- 1) That there are inherent dangers involved in participation in the sport of volleyball.
- 2) That I must be aware of the risks and hazards associated with participation in league volleyball, including but not limited to:
 - a) Injuries caused by a hit or spiked ball.
 - b) Collisions with other players or immovable objects such as volleyball standards, or outlining court boundary fixtures.
 - c) Slips and falls, on hardwood courts or wet sand surfaces.
 - d) Weather-related injuries caused by hot and humid conditions, and severe weather such as lightning storms.
 - e) Various other athletic injuries related to sports and play.
- 3) The rules and regulations which govern participation in league volleyball, as available to all players and teams in written form and/or as explained by City staff.
- 4) That the possible consequence of participating in these activities include the possibility of serious injury or even death.

I agree:

- 1) To obey the rules and regulations which govern participation in City of Rockville league volleyball play.
- 2) To examine the courts and facilities prior to the beginning of each game or practice, and inform a staff member of any dangerous or potentially hazardous situations I observe.
- 3) To use common sense in determining my physical abilities and stamina, and keep my level of play within sensible limits.

RELEASE

I know that participation in league volleyball play is a potentially hazardous activity and that I should not participate unless I am medically able and properly trained. I assume all risks associated with participation in league volleyball including, but not limited to, falls; sprains, fractures, and other athletic injuries; contact with other participants, nets, volleyball standards and other immovable objects which comprise part of the playing court; effects of weather, including heat and humidity, all such risks being known and appreciated by me. I agree to abide by the rules which govern league volleyball participation, and by the decision of City officials relative to my participation in league volleyball. Having read this waiver and knowing the facts, and in consideration of the City of Rockville's acceptance of my registration, I hereby acknowledge that the City of Rockville, Maryland assumes no responsibility for injury or damage from my participation in the league volleyball program, unless due to willful fault or neglect on the part of the City.

Please sign your name on the reverse to indicate understanding and agreement to the above statements.

Team Name _____
 Sport _____
 Division _____
 Night(s) _____
 Season _____ Year _____



City of Rockville
Department of Recreation and Parks
 111 Maryland Avenue • Rockville, Maryland 20850
 240-314-8620 • 240-314-8659 (fax) • www.rockvillemd.gov

Coach's Name _____
 Address _____
 Phone (H) _____ (W) _____
 E-mail Address _____
☐ Preliminary ☐ Final Date: ____/____/____

Adult Team Roster

Note: Preliminary Roster must be completed and player signatures provided at registration. Final Roster, including new additions, must be submitted prior to the **third scheduled game/doubleheader**.
 *Indicates that player has read and understood the Agreement to Participate located on the back of this team roster. (*print legibly or type*)

NAME	PLAYER'S SIGNATURE*	HOME ADDRESS & ZIP CODE	WORK ADDRESS & ZIP CODE	E-MAIL ADDRESS	HOME PHONE	WORK PHONE
1.						
2.						
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